

## POTENTIAL HAZARDOUS WASTE SITE IDENTIFICATION AND PRELIMINARY ASSESSMENT

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SITE NUMBER (to be as-

IL000010152

MOTE: This form is completed for each potential hazardous waste site to help set priorities for site inspection. The information submitted on this form is based on available records and may be updated on subsequent forms as a result of additional inquiries and on-site inspections.

GENERAL INSTRUCTIONS: Complete Sections I and III through X as completely as possible before Section II (Preliminary Assessment). File this form in the Regional Hazardous Waste Log File and submit a copy to: U.S. Environmental Protection Agency; Site Tracking System; Hazardous Waste Enforcement Task Force (EN-335); 401 M St., SW; Washington, DC 20460.

					_ <del></del>
	1. SITE IDE	NTIFICATION			
SLUDGE & BARREL	DUMP	B. STREET (or or	122 2	WEST (	OF FORRANCE
CHICALD		D. STATE	E, ZIP CODE	F. COUN	ITY NAME
G. OWNER/OPERATOR (if known)		·			PHONE NUMBER
· UNKNOWN	·		·		
H. TYPE OF OWNERSHIP					
1. FEDERAL 2. STATE	3. COUNTY 4. MUNIC	CIPAL 5. PF	RIVATE DE	. UNKNOWN	
I. SITE DESCRIPTION					
OPEN DUMPING OF SL	UDITE & BARRET	25			•
J. HOW IDENTIFIED (I.e., citizen's comp	laints, OSHA citations, etc.)				K. DATE IDENTIFIED  (mo., day, & yr.)
FIELD INVESTIGATIO	<sup>Us</sup> لــــــــــــــــــــــــــــــــــــ	S EPA RECORDS CENT	TER REGION 5		6-49-80
L. PRINCIPAL STATE CONTACT  1. NAME		522804		2. TELE	PHONE NUMBER
II.	PRELIMINARY ASSESSME	NT (complete this	s section last)		
A. APPARENT SERIOUSNESS OF PROBL		141 (complete tite	o occupii iugi)		<del></del>
☐1. HIGH	∑3. LOW4. NONE	5. บห	KNOWN		
B. RECOMMENDATION					
1. NO ACTION NEEDED (no hazard)		2. IMMEDIA a. TENTA	TE SITE INSPE	CTION NEE	DED:
. 3. SITE INSPECTION NEEDED a. Tentatively scheduled f	OR:	b. WILL E	SE PERFORMED	BY:	
b. WILL BE PERFORMED BY:					<del>· · · · · · · · · · · · · · · · · ·</del>
		4. SITE INS	SPECTION NEEL	DED (low pri	lority)
				<del></del>	
C. PREPARER INFORMATION 1. NAME		2. TELEP	HONE NUMBER.	1	3. DATE (mo., day, & yr.)
P. DIMOCK		88	6-671	2	6-20-80
	III. SITE IN	IFORMATION			<del></del>
A. SITE STATUS  1. ACTIVE (Those industrial or municipal sites which are being used	2. INACTIVE (Those cites which no longer receive	7. OTHER (	specify): MIOA	VIG-HT cidents like	j)Om PINA "midnight dumping" where
for waste treatment, storage, or disposal on a continuing basis, even if infre-quently.)	wastos.)	no regular or con	tinuing use of th	e alte for we	aste disposal has occurred.)
B. IS GENERATOR ON SITE?					
∑01. NO	2. YES (specify general	rator's four—digit S	IC Code):		
C. AREA OF SITE (In acres)	D. IF APPARENT SERIOUSNI  1. LATITUDE (degminsec		_	OORDINAT	
1 ALRE	T. SELLIOPE (MOSI-MINISTER	<del>,</del> ,.			· · · · · · · · · · · · · · · · · · ·
E. APE THERE BUILDINGS ON THE SIT	E?		<del></del>		
1. NO 2. YES (apocity	):	,	<u></u>	· · · · · · · · · · · · · · · · · · ·	
CONTRACTOR OF STREET CONTRACTOR OF STREET AND STREET CONTRACTOR OF STREET CONTRACTOR OF STREET CONTRACTOR OF STREET					

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<u> </u>				<u> 1v.</u>	CHARACTERIZATI	<u>un</u>	OF SITE ACTIVITY	Υ			·	
Ing	licate the major sit	е вс	tivity(ies) and d	etai:	is relating to each ac	tiv	ity by marking 'X' i	n the app	ropriate boxe	s.	·	
' X '	, A. TRANSPOR		lx:		B. STORER		C. TREATER		Fx'		D. DISPOSER	
	1. RAIL		1. PIL	E			1. FILTRATION		1. LANDE	1. LANDFILL		
H	2. SHIP		2. SUR	FAC	CE IMPOUNDMENT 2. INCINERATION			Z. LANDE	\R			
	3. BARGE		3. DRI	JMS		3. VOLUME REDUCTION		ON	3. OPEN D	UM	P	
	4. TRUCK		4. TAN	IK. A	BOVE GROUND	4	. RECYCLING/RECO	VERY	4. SURFAC	E	IMPOUNDMENT	
<u> </u>	5. PIPELINE		B. TAN	K, B	SELOW GROUND	15	. CHEM./PHYS. TRE	ATMENT	5. MIDNIG	1 T	DUMPING	
-	6. OTHER (specily):		<del></del>		(specify):	-+-	. BIOLOGICAL TREA		6. INCINE		<del></del>	
<u> </u>			F-3		``` <i>`</i>	┰	, WASTE OIL REPRO				NOITSELLI GUNC	
•			<b>.</b> .		F	-	. SOLVENT RECOVE	BY	S. OTHER	(an	ecify):	
İ			j -		F		. OTHER (specify):		WIDNIFH			
•	•				<u> </u>	_			DUMANL		•	
•			( )				•	1	<i>p0,,</i> a.			
E.	SPECIFY DETAILS	OF S	SITE ACTIVITIES	AS N		. (						
Ŀ	~· 				V. WASTE RELAT	ED	INFORMATION		<del></del>		<del></del>	
۸.	WASTE TYPE					•		1.00 1.00				
Þ	O. UNKNOWN [	]2. 1	LIQUID [	]3. s	SOLID 4. S	LÙÇ	OGE5. G	AS		•	·	
В.	WASTE CHARACTER	RIST	ıcs									
Þ	ZP. unknown . □	]2, (	CORROSIVE	]3. 1	IGNITABLE 🔲 4. R	ADI	OACTIVE5. H	GHLY VO	LATILE		•	
	G TOXIC	]7.	REACTIVE	]8. إ	INERT 📈 🗸	LA!	MMABLE				1 to 1	
								. •	•			
	10. OTHER (specif	y): _									·	
	C. WASTE CATEGORIES 1. Are records of wastes available? Specify items such as manifests, inventories, etc. below.											
ľ	. Are records or wast	es av	vaniable; specify	ıtem	s such as manuests, in	ve11	tones, etc. below.			ì		
- 2	. Estimate the amo	unt(	specify unit of n	neas	ure) of waste by cate	gor	y; mark 'X' to indic	ate which	wastes are p	re	sent.	
Г	a. SLUDGE		b. OIL	T	c. SOLVENTS	Π	d. CHEMICALS	•. :	OLIDS	Γ	f. OTHER	
ΑM	OUNT	AMO	TAUC	Ā	MOUNT	AΜ	ICUNT	AMCUINT		ÁI	MOUNT	
A.	mox 200		<u> </u>		<u> </u>	Ĺ			<u> </u>	L		
UN	IIT OF MEASURE	ואט	T.OF MEASURE	U	INIT OF MEASURE	UŃ	IIT OF MEASURE	UNIT OF	MEASURE	U۱	NIT OF MEASURE	
ì	CYS			_	<u> </u>	L				L		
'X'	(1) PAINT, PIGMENTS	×.	(1) OILY WASTES	• }	(1) HALOGENATED SOLVENTS	'×'	(1) A CIDS	'X'(1) FL	/A5H	·×	(1) LABORATORY PHARMACEUT.	
	(2) METALS		(2)OTHER(specif	<sub>v):</sub>	(2) NON-HALOGNED		(2) PICKLING			Γ	101110651511	
	SLUDGES	厂	The street of the same		SOLVENTS		LIQUORS	(Z) A.5	BESTOS	1	(2) HOSPITAL	
	(3) POTW	•		F	(3) OTHER(specify):		(3) CAUSTICS		LING/ IE TAILINGS		(3) RADIOACTIVE	
	(4) A LUMINUM SLUDGE					Γ	(4) PESTICIDES	(4) FE	RROUS .TG. WASTES	-	(4) MUNICIPAL	
	(B) OTHER(specify):						(8) DYES/INKS		N-FERROUS _TG. WASTES	F	(5) OTHER (specify):	
	·						(6) CYANIDE	7	HER(specify):			
			• •	Ì			(7) PHENOLS	BARE	regt,			
	1	ł	,		•	1	(8) HALOGENS		30			
		,	ODXIOZ GIX			$\vdash$	(9) PCB	BARR	ED ET			
	, co 48. E	ょ	U <b>d</b> -		•	-		METH)	/L		·	
	( )					-	(10) METALS (11) OTHER(apocify)	KETU				
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· -			I,	V. (	CHARACTERIZATI	١٥.	OF SITE ACTIVIT	Υ		
TU	dicate the major site	activity(ie	es) and det	ails	s relating to each a	cti	vity by marking 'X' i	n the app	ropriate boxe	9.
'X'	A. TRANSPORT	ER	x:	в.	STORER	×	C. TREATE	R	'X'	D. DISPOSER
	1. RAIL		1. PILE				1. FILTRATION		1. LANDE	ILL
	2. SHIP		2. SURF	ACE	E IMPOUNDMENT	_	2. INCINERATION		2. LANDE	ARM
	3. BARGE		3. DRUM	5		_	3. VOLUME REDUCT	ON	3. OPEN D	UMP
L	4. TRUCK		4. TANK	, A <sup>.</sup> E	BOVE GROUND		4. RECYCLING/RECO	OVERY	4. SURFAC	E IMPOUNDMENT
	5. PIPELINE		B. TANK	, BE	LOW GROUND		5. CHEM./PHYS. TRE	ATMENT	5. MIDNIG	HT DUMPING
L	6. OTHER (specify):	1	6. OTHE	R (4	pecify):	_	6. BIOLOGICAL TREA	ATMENT	6. INCINE	RATION
	• •						7. WASTE OIL REPRO	CESSING	7. UNDER	GROUND INJECTION
							8. SOLVENT RECOVE	RY	₩3. OTHER	
l	* .					ᆚ	9. OTHER (specify):		WIDNIGH	Ť
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E.	SPECIFY DETAILS	F SITE AC	TIVITIES A	S N	EEDED	_				
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Α.	WASTE TYPE				TI WASTE REEAT		III OILIIA IIOI			<del></del>
×	O. UNKNOWN 🔲	2. LIQUID	[]3	). sc	olid 4. s	LU	DGE	AS	٠.	
Ť	WASTE CHARACTER	10=100								
• _		2. CORROS	[			=	ISASTINE TEN	IGHLY VO		•
2	= -							IGHLY VO	LATILE	
	e toxic	7. REACTIV	VE	i. IN	IERT 5. F	'LA	MMABLE		•	
-										
L 10. OTHER (specify):  C. WASTE CATEGORIES										
ĭ	. Are records of waste	s available?	Specify ite	ems	such as manifests, in	ve	ntories, etc. below.			`
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<b> </b>	V Estimate the service									
-2	<del></del>	/						-1-1-1-1		
				asu I		go	ry; mark 'X' to indic			T
AM	a. SLUDGE	ь. о			c. SOLVENTS		.d. CHEMICALS	0.5	wastes are p	f. OTHER
	TOUNT						<del></del>			T
AF	MOUNT 200	b. O	IL	AN	c. SOLVENTS	A?	d. CHEMICALS	e. S AMCUNT	OLIDS	1. OTHER
AF	MOUNT 200	ь. о	IL	AN	c. SOLVENTS	A?	.d. CHEMICALS	e. S AMCUNT		f. OTHER
AP UN	MOY 200 MIT OF MEASURE CYS	b. O	EASURE	A N	c. SOLVENTS MOUNT	A?	d. CHEMICALS	e. S AMCUNT UNIT OF	OLIDS	f. OTHER AMOUNT UNIT OF MEASURE
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AP UN	MOY 200 MIT OF MEASURE CYS	b. O	IL EASURE	A N	C. SOLVENTS  MOUNT  IIT OF MEASURE  (1) HALOGENATED	A?	d. CHEMICALS	e. S AMCUNT UNIT OF	OLIDS MEASURE	f. OTHER AMOUNT UNIT OF MEASURE
AP UN	MOY ZOD  WIT OF MEASURE  CYS  (1) PAINT, PIGMENTS  (2) METALS	b. O	IL EASURE	AM UN	c. SOLVENTS MOUNT  IIT OF MEASURE  (1) HALOGENATED SOLVENTS	A'	d. CHEMICALS	O.S	OLIDS MEASURE	f. OTHER AMOUNT UNIT OF MEASURE
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At Ur	MOY 200  NIT OF MEASURE  CYS  (1) PAINT, PIGMENTS  (2) METALS SLUDGES  (3) POTW  (4) ALUMINUM SLUDGE	b. O	EASURE ES	AM UN	c. SOLVENTS  MOUNT  IIT OF MEASURE  (1) HALOGENATED SOLVENTS  (2) NON-HALOGNTD SOLVENTS	A)	d. CHEMICALS MOUNT  (1) A CIDS  (2) PICKLING LIQUORS  (3) CAUSTICS  (4) PESTICIDES  (5) DYES/INKS  (6) CYANIDE	(2) ASE (3) MIL (4) FE (5) NO (5) SMI (6) SMI (7) SARR (7) SARR (8) AFR	MEASURE  (ASH  BESTOS  LING/ E TAILINGS  RROUS TG. WASTES  HER (specify):  Claration	f. OTHER  AMOUNT  UNIT OF MEASURE  'X' (1) LABORATORY PHARMACEUT.  (2) HOSPITAL  (3) RADIOACTIVE  (4) MUNICIPAL
At Ur	MOY 200  NIT OF MEASURE  CYS  (1) PAINT, PIGMENTS  (2) METALS SLUDGES  (3) POTW  (4) ALUMINUM SLUDGE	b. O	EASURE ES	AM UN	c. SOLVENTS  MOUNT  IIT OF MEASURE  (1) HALOGENATED SOLVENTS  (2) NON-HALOGNTD SOLVENTS	A)	d. CHEMICALS MOUNT  (1) ACIDS  (2) PICKLING LIQUORS  (3) CAUSTICS  (4) PESTICIDES  (5) DYES/INKS  (6) CYANIDE  (7) PHENOLS	(4) FE SARR MARK	MEASURE  (ASH  BESTOS  LING/ E TAILINGS  RROUS  TG. WASTES  HER(Specify):  EL/  Plof:  30	f. OTHER  AMOUNT  UNIT OF MEASURE  'X' (1) LABORATORY PHARMACEUT.  (2) HOSPITAL  (3) RADIOACTIVE  (4) MUNICIPAL
At Ur	MOY 200  NIT OF MEASURE  CYS  (1) PAINT, PIGMENTS  (2) METALS SLUDGES  (3) POTW  (4) ALUMINUM SLUDGE	b. O	EASURE ES	AM UN	c. SOLVENTS  MOUNT  IIT OF MEASURE  (1) HALOGENATED SOLVENTS  (2) NON-HALOGNID SOLVENTS	A)	d. CHEMICALS MOUNT  (1) ACIDS  (2) PICKLING LIQUORS  (3) CAUSTICS  (4) PESTICIDES  (5) DYES/INKS  (6) CYANIDE  (7) PHENOLS	(a) MILL (b) SMILL (b) SMILL (c) APPLICATION (c) SMILL (	MEASURE  (ASH  BESTOS  LING/ E TAILINGS  RROUS  TG. WASTES  HER (specify):  (2004)  30	f. OTHER  AMOUNT  UNIT OF MEASURE  'X' (1) LABORATORY PHARMACEUT.  (2) HOSPITAL  (3) RADIOACTIVE  (4) MUNICIPAL
At Ur	MOY 200  NIT OF MEASURE  CYS  (1) PAINT, PIGMENTS  (2) METALS SLUDGES  (3) POTW  (4) ALUMINUM SLUDGE	b. O	EASURE ES	AM UN	c. SOLVENTS  MOUNT  IIT OF MEASURE  (1) HALOGENATED SOLVENTS  (2) NON-HALOGNID SOLVENTS	A)	d. CHEMICALS MOUNT  (1) A CIDS  (2) PICKLING LIQUORS  (3) CAUSTICS  (4) PESTICIDES  (5) DYES/INKS  (6) CYANIDE  (7) PHENOLS  (8) HALOGENS  (9) PCB	(4) FE SARR MARK	MEASURE  (ASH  BESTOS  LING/ E TAILINGS  RROUS TG. WASTES  HER (Specify):  COOL,  JO	f. OTHER  AMOUNT  UNIT OF MEASURE  'X' (1) LABORATORY PHARMACEUT.  (2) HOSPITAL  (3) RADIOACTIVE  (4) MUNICIPAL

## V. WASTE RELATED INFORMATION (continued)

3. LIST SUBSTANCES OF GREATEST CONCERN WHICH MAY BE ON THE SITE (place in descending order of hazard).

SCUDGES & BARRELS

4. ADDITIONAL COMMENTS OR NARRATIVE DESCRIPTION OF SITUATION KNOWN OR REPORTED TO EXIST AT THE SITE.

		VI. HAZ	ARD DESCRIPTI	ON
A. TYPE OF HAZARD	B. POTEN- TIAL HAZARD (mark 'X')	C. ALLEGED INCIDENT (mark 'X')	D. DATE OF INCIDENT (mo.,day,yr.)	E. REMARKS
1. NO HAZARD				
2. HUMAN HEALTH				
3. NON-WORKER INJURY/EXPOSURE				1
4. WORKER INJURY				
S CONTAMINATION OF WATER SUPPLY	e .	٠.		
CONTAMINATION OF FOOD CHAIN				
7. CONTAMINATION OF GROUND WATER	9			
8 CONTAMINATION 8 OF SURFACE WATER	J.	v		
DAMAGE TO FLORA/FAUNA				
IO. FISH KILL				
11. CONTAMINATION OF AIR	· · ·			
12. NOTICEABLE ODORS				
13. CONTAMINATION OF SOIL	4			
14. PROPERTY DAMAGE	,			
15. FIRE OR EXPLOSION	2			
6. SPILLS/LEAKING CONTAINERS/ RUNOFF/STANDING LIQUIDS				
17. SEWER, STORM DRAIN PROBLEMS			•	
18. EROSION PROBLEMS				
19. INADEQUATE SECURITY				
20. INCOMPATIBLE WASTES				
21. MIDNIGHT DUMPING		-		
22. OTHER (specify):	-			

## Continued From Front VII. PERMIT INFORMATION A. INDICATE ALL APPLICABLE PERMITS HELD BY THE SITE. 1. NPDES PERMIT 2. SPCC PLAN 3. STATE PERMIT (specify): \_\_\_ 4. AIR PERMITS . 5. LOCAL PERMIT 6. ACRA TRANSPORTER 7. RCRA STORER 8. RCRA TREATER 9. RCRA DISPOSER 10. OTHER (specify): B. IN COMPLIANCE? 3. UNKNOWN 1. YES 4. WITH RESPECT TO (list regulation name & number): VIII. PAST REGULATORY ACTIONS A. NONE B. YES (summarize below) IX. INSPECTION ACTIVITY (past or on-going) B. YES (complete items 1,2,3, & 4 below) A. NONE 2. DATE OF PAST ACTION (mo., day, & yr.) 3. PERFORMED 1. TYPE OF ACTIVITY 4. DESCRIPTION BY: (EPA/State) X. REMEDIAL ACTIVITY (past or on-going) A. NONE B. YES (complete items 1, 2, 3, & 4 below) 2. DATE OF PAST ACTION (mo., day, & yr.) 3. PERFORMED 1. TYPE OF ACTIVITY 4. DESCRIPTION ' BY: (EPA/State)

EPA Form T2070-2 (10-79)

information on the first page of this form.

PAGE 4 OF 4

NOTE: Based on the information in Sections III through X, fill out the Preliminary Assessment (Section II)